

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

NO

Number of copies of CRF::

Title::

DIGITAL AMPLIFICATION

Attorney Docket Number::

001107.00474

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

7

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

National Institutes of Health

Contract or Grant Numbers::

CA 43460, CA 57345 & CA 62924

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bert
Middle Name::
Family Name:: Vogelstein
Name Suffix::
City of Residence:: Baltimore
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 3700 Breton Way
City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kenneth
Middle Name::
Family Name:: Kinzler
Name Suffix::
City of Residence:: BelAir
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 1403 Halkirk Way
City of mailing address:: BelAir

State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 21015

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/981,356	10/12/01

09/981,356	Continuation of	09/613,826	07/11/00
09/613,826	Non-Provisional of	60/146,792	08/02/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: The Johns Hopkins University
 Street of mailing address:: 3400 N. Charles St.
 City of mailing address:: Baltimore
 State or Province of mailing address:: MD
 Country of mailing address::
 Postal or Zip Code of mailing address:: 21218